## Best Available Copy

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER	, In	37	10111	
FORMALITY REVIEW	AT	1071	10/22/01.	
RESPONSE FORMALITY REVIEW	<u>a</u>	909	12-28-0)	
	-3	0 (		

## **INDEX OF CLAIMS** ..... Rejected N ...... Non-elected I ...... Interference (Through numeral)... Canceled

÷ Restricted 0						
Claim	Date	Claim	Date	Claim	Date	
Final		Final		Final Original		
(1/2)		51		101		
211		52		102		
3 1		53		103		
4/		54		104		
5		55		105		
6		56		106		
7		57		107		
8		58		108		
9		59		109		
10		60		110		
11		61	<del>                                      </del>	111		
12		62	<del>                                     </del>	112		
. 13		63	<del>┤┤┤</del> ┤┤ <del>┤</del> ┼┤	113	<del></del>	
14	<del>                                     </del>	64		114	<del>                                     </del>	
15	<del>                                     </del>	65	<del>┤┤┤┤┤┤</del> ┤┤	116	<del>                                     </del>	
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22	<del>                                     </del>	72		122	<del></del>	
23		73	<del>- - - - - - - - - - - - - - - - - - - </del>	123		
24		74		124		
25		75		125		
26	<del>                                      </del>	76		126		
27		77		127		
28		78		128		
29		79		129		
30		80		130		
31		81		131		
- 32		82		132		
33		83		133		
34		84	<del>                                     </del>	134		
35		85	<del>                                     </del>	135		
36		86		136		
37		87	<del>                                     </del>	137		
39		88	<del>                                     </del>	138	<del></del>	
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40		90	<del>                                     </del>	140	<del>                                     </del>	
		91	<del></del>	141		
42	<del>                                     </del>	92	<del></del>	142	<del>- - - - </del>	
44	<del> - - - - - </del>	93	<del>┤┥┥</del> ┼┼┼┼┥	143	<del></del>	
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46	+ + + + + + + + + + + + + + + + + + + +	96	<del>┤</del>	146	<del></del>	
47	<del>                                     </del>	97	<del>╶┤╶┤╶┤╶┤</del> ╶┤	147	<del>                                     </del>	
48	<del> - - - </del>	98	<del>                                     </del>	148	<del>-                                     </del>	
49	<del>                                     </del>	99	<del>·┤┤┤┤┤</del> ┤┞	149	<del></del>	
50	<del>                                     </del>	100		150	<del></del>	
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If more than 150 claims or 10 actions staple additional sheet here

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